



PTO/SB/21 (08-00)

[Signature]

TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/625,737
Filing Date	July 24, 2003
First Named Inventor	Koji DAIRIKI
Group Art Unit	2822
Examiner Name	Bac H. Au
Attorney Docket Number	0756-7176

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures 1. 2. 3. 4. 5. 6.
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert L. Pilaud, Reg. No. 53,470 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	May 28, 2008

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Type or printed name	Adele M. Stamper		
Signature		Date	May 28, 2008

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Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**FEE TRANSMITTAL
FOR FY 2007**

Effective 09/30/2007. Patent fees are subject to annual revision. Applicant Claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$120.00)*Complete if Known*

Application Number 10/625,737

Filing Date July 24, 2003

First Named Inventor Koji DAIRIKI

Examiner Name Bac H. Au

Group Art Unit 2822

Attorney Docket No. 0756-7176

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

50-2280

Deposit Account Name

Robinson Intellectual Property Law Office

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit overpayments

Applicant claims small entity status. See 37 CFR 1.27

2: Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1001	2001	Utility filing fee 155
1111	2111	Search fee 255
1311	2311	Examination fee 105
Over 100 Sheets/260 for each additional 50		

Fee Paid

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	X \$50	=
Independent Claims	-3** =	X \$210	=
Multiple Dependent			=

Large Entity Fee Code	Small Entity Fee Code	Fee Description
1202	50	Claims in excess of 20 2202 25
1201	210	Independent claims in excess of 3 2201 105
1203	370	Multiple dependent claim, if not paid 2203 185
1204	210	** Reissue independent claims over original patent 2204 105
1205	50	** Reissue claims in excess of 20 and over original patent 2205 25

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65 Surcharge - late filing fee or oath	
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130 Non-English specification	
1812	2,520	1812	2,520 For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action	
1251	120	2251	60 Extension for reply within first month	\$120.00
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1253	1,050	2253	525 Extension for reply within third month	
1254	1,640	2254	820 Extension for reply within fourth month	
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1451	1,510	1451	1,510 Petition to institute a public use proceeding	
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1501	1,440	2501	720 Utility issue fee (or reissue)	
1502	820	2502	410 Design issue fee	
1503	1,130	2503	565 Plant issue fee	
1462	400	1462	400 Petitions, Group I	
1463	200	1463	200 Petition, Group II	
1464	130	1464	130 Petitions, Group III	
1807	50	1807	50 Processing fee under 37 CR 1.17(q)	
1806	180	1806	180 Submission of Information Disclosure Stmt	
8021	40	8021	40 Recording each patent assignment per property (times number of properties)	
1809	810	2809	405 Filing a submission after final rejection (37 CFR § 1.129(a))	
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1801	810	2801	405 Request for Continued Examination (RCE)	
1802	900	1802	900 Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 120.00)

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Adrian Stamper

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY*Complete (if applicable)*

Name (Print/Type)	Robert L. Pilaud	Registration No. (Attorney/Agent)	53,470	Telephone	(571) 434-6789
Signature	<i>Robert L. Pilaud</i>			Date	May 28, 2008



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1201	210	2201 105 Independent claims in excess of 3
1203	370	2203 185 Multiple dependent claim, if not paid
1204	210	2204 105 ** Reissue independent claims over original patent
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FEE CALCULATION (continued)

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Name (Print/Type)	Robert L. Pilaud	Registration No. (Attorney/Agent)	53,470	Telephone	(571) 434-6789
Signature	<i>Robert L. Pilaud</i>			Date	May 28, 2008